PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with

plicable fee(s), to: Mail

Mail Stop ISSUE 1 LE

Commissioner for Patents
P.O. Box 1450

Alexandria, Virginia 22313-1450

or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

appropriate. All further indicated unless correcte maintenance fee notificat	ed below or directed oth	g the Patent, advance of erwise in Block 1, by (a		ondence address; and/	or (b) indicating a sepa	TRIE FEE ADDRESS IOI	
	ENCE ADDRESS (Note: Use Ble	ock 1 for any change of address)	Fee(s	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
44231	7590 12/01.	•		Certifica	te of Mailing or Trans	mission	
J. STEVEN GAI 1001 WEST FO		P - 46872	I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.				
WINSTON-SAL	LEM, NC 27101					(Depositor's name)	
						(Signature)	
						(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	ATT	ORNEY DOCKET NO.	CONFIRMATION NO.	
09/876,915	06/08/2001		Robert G. Wilhelm		2000-008/9/14	1111	
TITLE OF INVENTIO BETWEEN A PLURALI		METHODS FOR ADA	PTIVE SAMPLING AND	ESTIMATING A S	YSTEMATIC RELAT	TIONSHIP	
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1510	\$300	\$0	\$1810	03/01/2010	
EXAM	INER	ART UNIT	CLASS-SUBCLASS				
DESIRE, GREGORY M		2624	382-203000				
1. Change of corresponde CFR 1.363).	ence address or indication	n of "Fee Address" (37	2. For printing on the pa		mevs l_Kilpa	trick Stockton	
Change of corresp Address form PTO/SI	ondence address (or Cha	nge of Correspondence	or agents OR, alternatively,				
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME A	ND RESIDENCE DATA	A TO BE PRINTED ON	THE PATENT (print or typ	e)			
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.							
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
University of North Carolina at Charlotte, NC							
Please check the appropr	riate assignee category or	categories (will not be p	printed on the patent):	Individual 🖾 Corpor	ation or other private gr	oup entity Government	
4a. The following fee(s) Issue Fee	are submitted:	4	b. Payment of Fec(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed.				
Publication Fee (No small entity discount permitted)			Payment by credit card. Form PTO-2038 is attached.				
Advance Order -	# of Copies		The Director is hereby authorized to charge the name overpayment, to Deposit Account Number 16-1435 (enclose an extra copy of this form).				
5. Change in Entity Sta							
XXX a. Applicant claim	ns SMALL ENTITY state	us. See 37 CFR 1.27.	b. Applicant is no long			the assignee or other party in	
interest as shown by the	records of the United Sta	ites Patent and Trademar	k Office.				
Authorized Signature			Date 2/26/201 Registration No. 62-245				
	c <u>Michael</u>						
This collection of inform an application. Confiden submitting the complete this form and/or suggest Box 1450, Alexandria, V Alexandria Virginia 223	nation is required by 37 (titality is governed by 35 d application form to the ions for reducing this bu /irginia 22313-1450. DO 313-1450.	CFR 1.311. The informat U.S.C. 122 and 37 CFR USPTO. Time will var rden, should be sent to to O NOT SEND FEES OR	ion is required to obtain or it 1.14. This collection is est y depending upon the individual to the Chief Information Office COMPLETED FORMS To espond to a collection of inf	or, U.S. Patent and Trad O THIS ADDRESS. SE	emark Office, U.S. Der ND TO: Commissioner	nd by the USPTO to process) ng gathering, preparing, and ime you require to complete partment of Commerce, P.O. for Patents, P.O. Box 1450, ol number.	